

Community Sentence Treatment Requirement Multisite Report July 2020 – July 2023

Presentation to Primary Care Practitioner Network

Professor Matthew Callender
17th October 2023



Institute for
**Public Safety
Crime and Justice**

Community Sentence Treatment Requirement Multisite Report July 2020 – July 2023

- Headlines
 - Demographics
 - Assessments and Sentencing
 - Intervention
 - Outcomes
 - Engagement
- Observations

<https://pure.northampton.ac.uk/en/projects/supporting-cstr-programme-development-and-practice>



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**Public Safety
Crime and Justice**

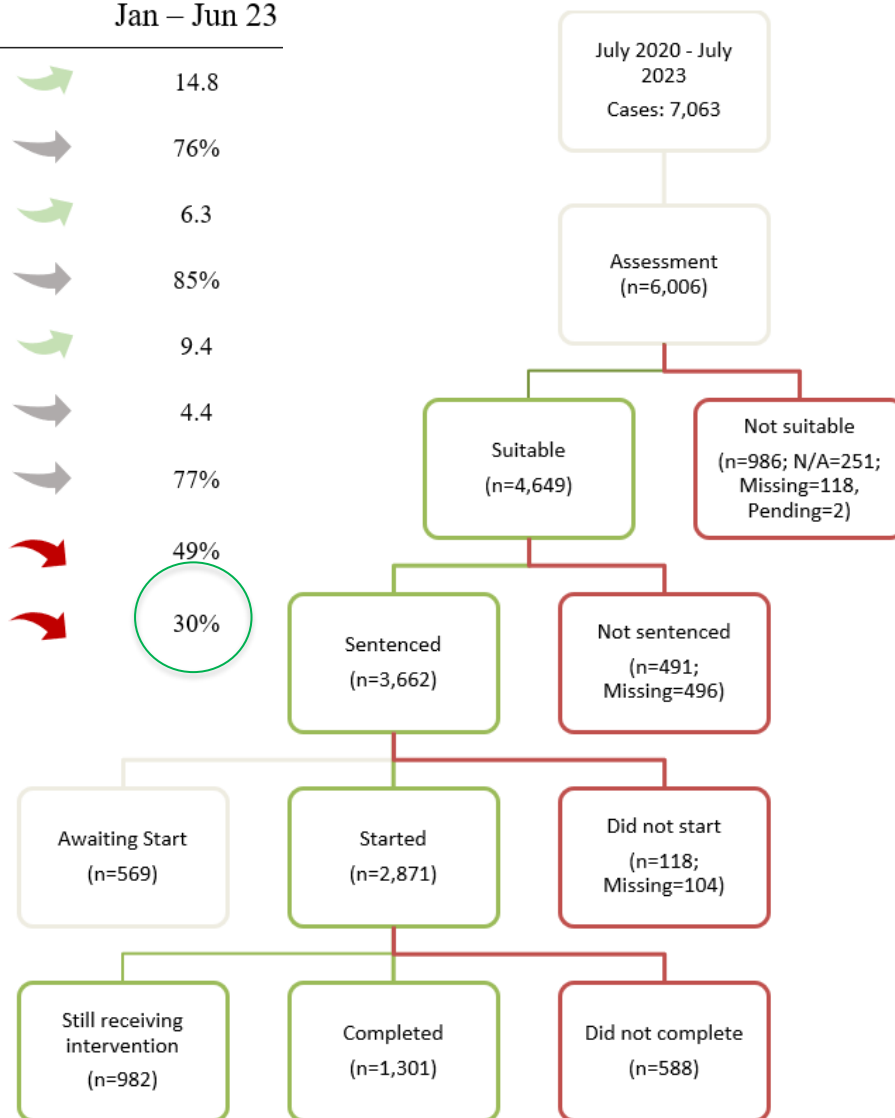
**Community Sentence Treatment
Requirement Multisite Report
July 2020 – July 2023**

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September 2023



Indicator	Jul - Dec 22		Jan – Jun 23
Number of Assessments per 6 Month block per Site	13.3	➔	14.8
Suitability following Assessment	76%	➔	76%
Number of Sentences per 6 Month block per Site	5.7	➔	6.3
Sentenced to an MHTR (excluding missing cases)	85%	➔	85%
Number of <u>intervention</u> starts per 6 month block per Site	8.2	➔	9.4
Number of intervention end per <u>6 month</u> block per Site	4.4	➔	4.4
Percentage of individuals with positive reliable change CORE-34 <i>(Six month blocks from end of intervention)</i>	79%	➔	77%
Percentage of individuals with positive reliable change GAD-7 <i>(Six month blocks from end of intervention)</i>	60%	➔	49%
Percentage of individuals with positive reliable change PHQ-9 <i>(Six month blocks from end of intervention)</i>	49%	➔	30%



Total number of cases per Site, June 2020 - July 23, 26 Sites

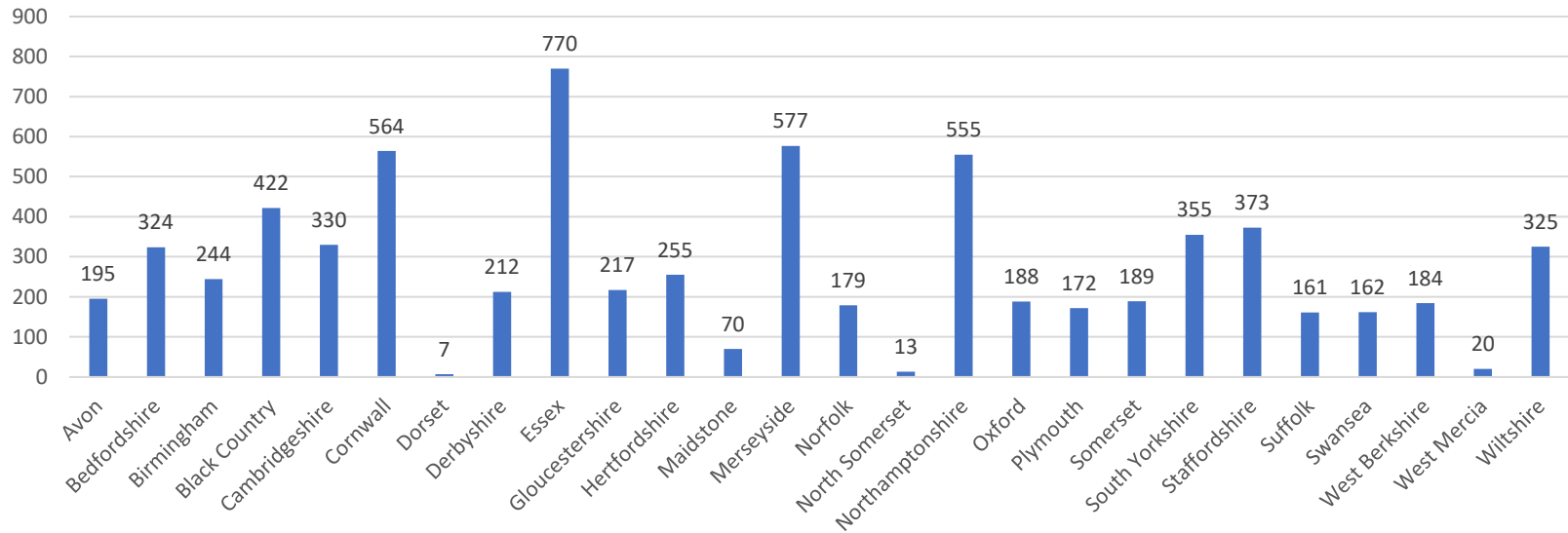
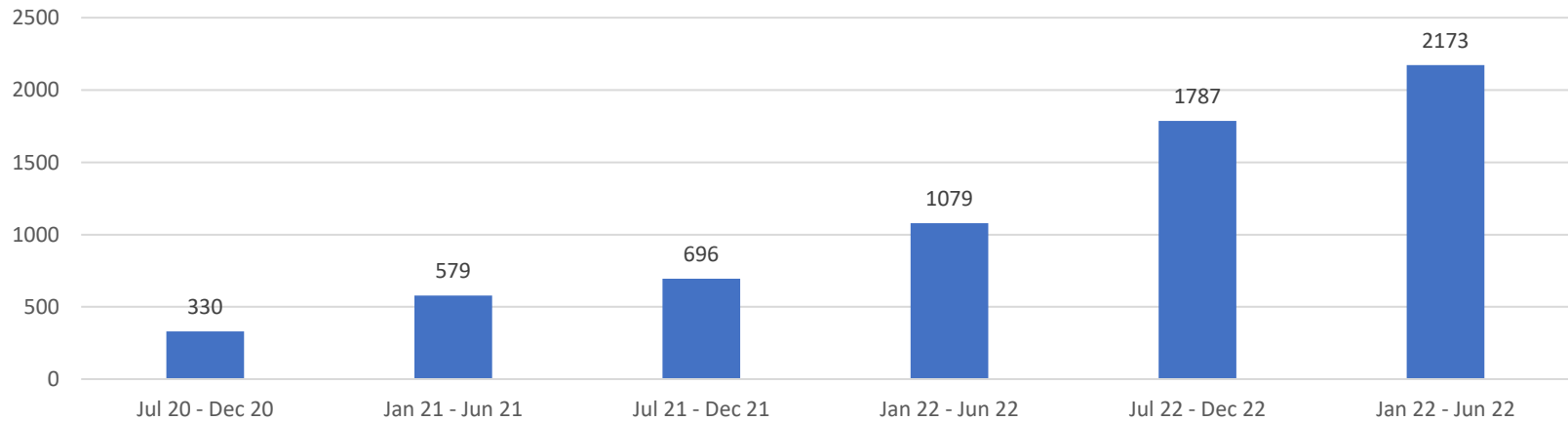
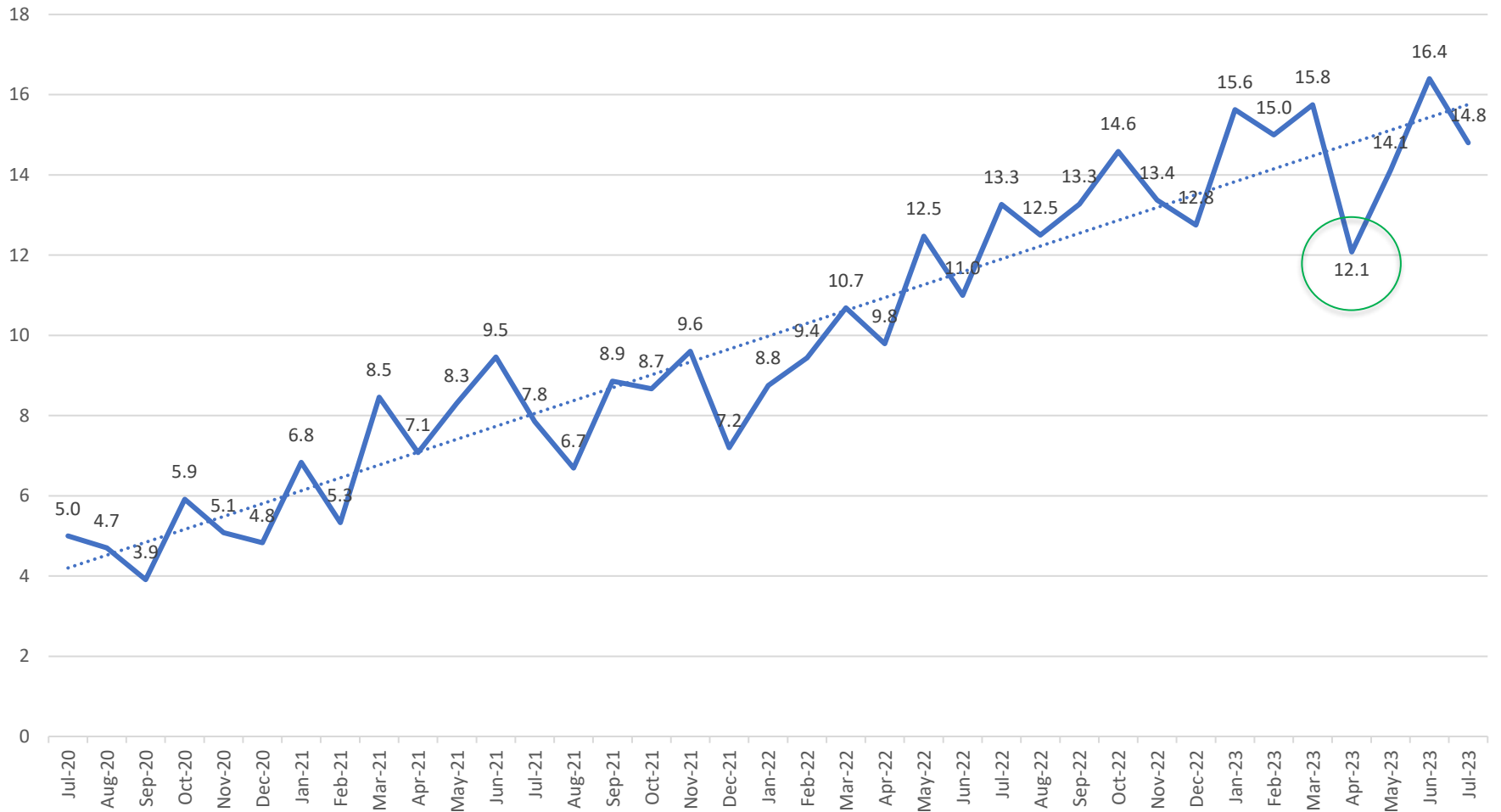


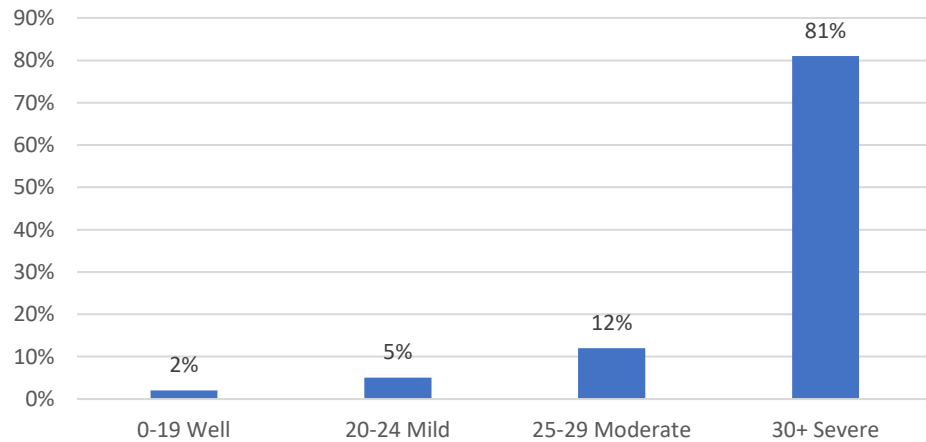
Fig 1.2 Total Cases per Site - 6 Monthly, Jul 20 - Jul 23, 26 Sites



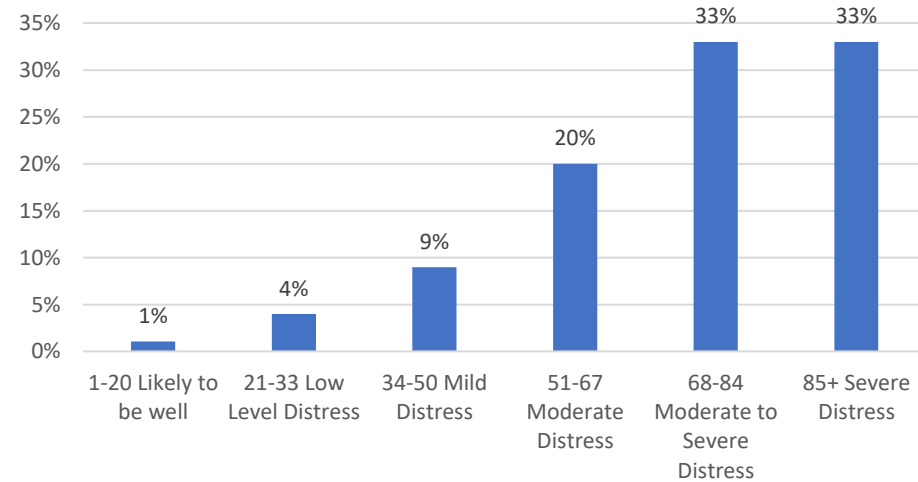
Assessments by Month per Site (based on evaluation start date), 26 Sites, Jul 20 - Jul 23



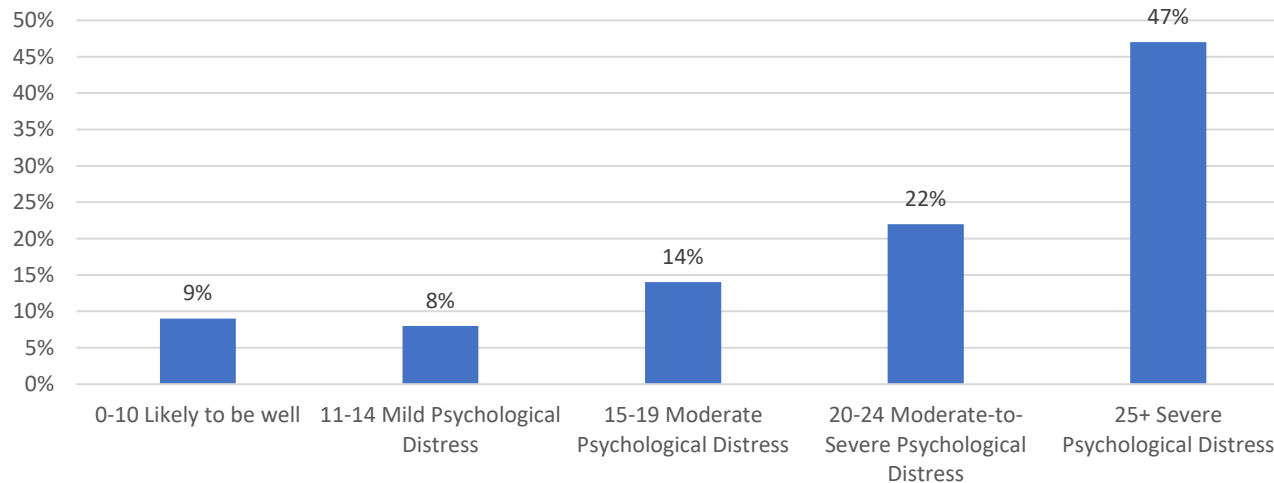
Assessment - K10, 14 Sites



Assessment Outcome for CORE-34 across 15 Sites

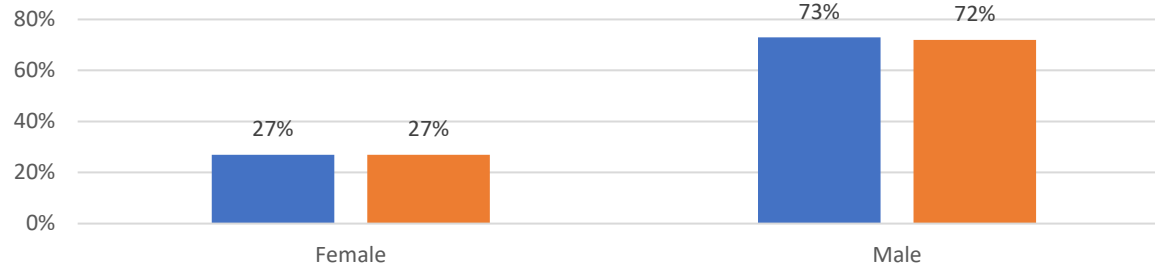


Assessment Outcome for CORE-10 across 10 Sites

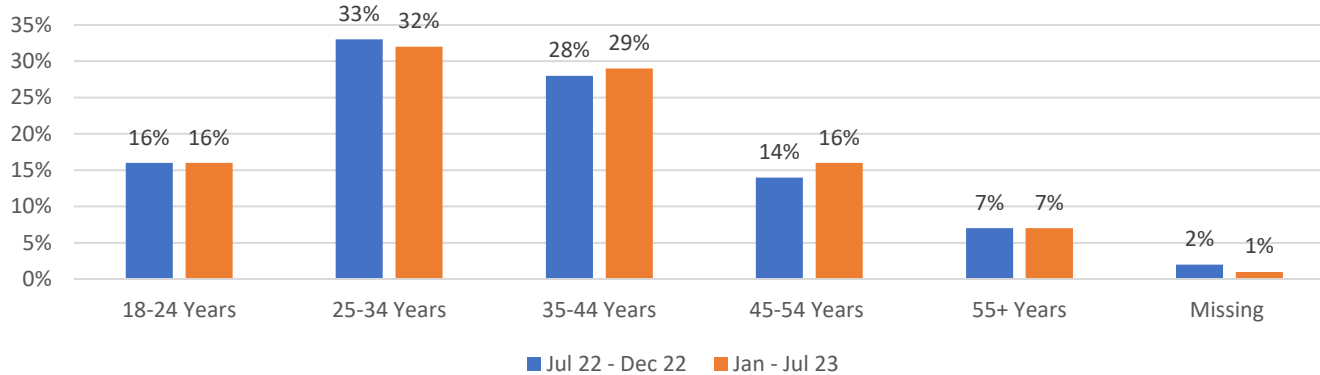


Assessment and Demographics

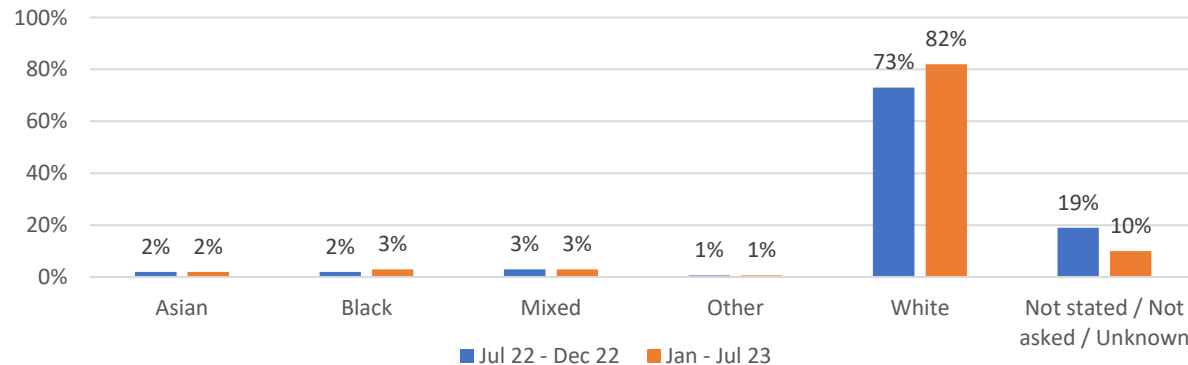
Assessments - Gender, 26 Sites, 6 monthly



Assessments - Age, 26 Sites, 6 monthly

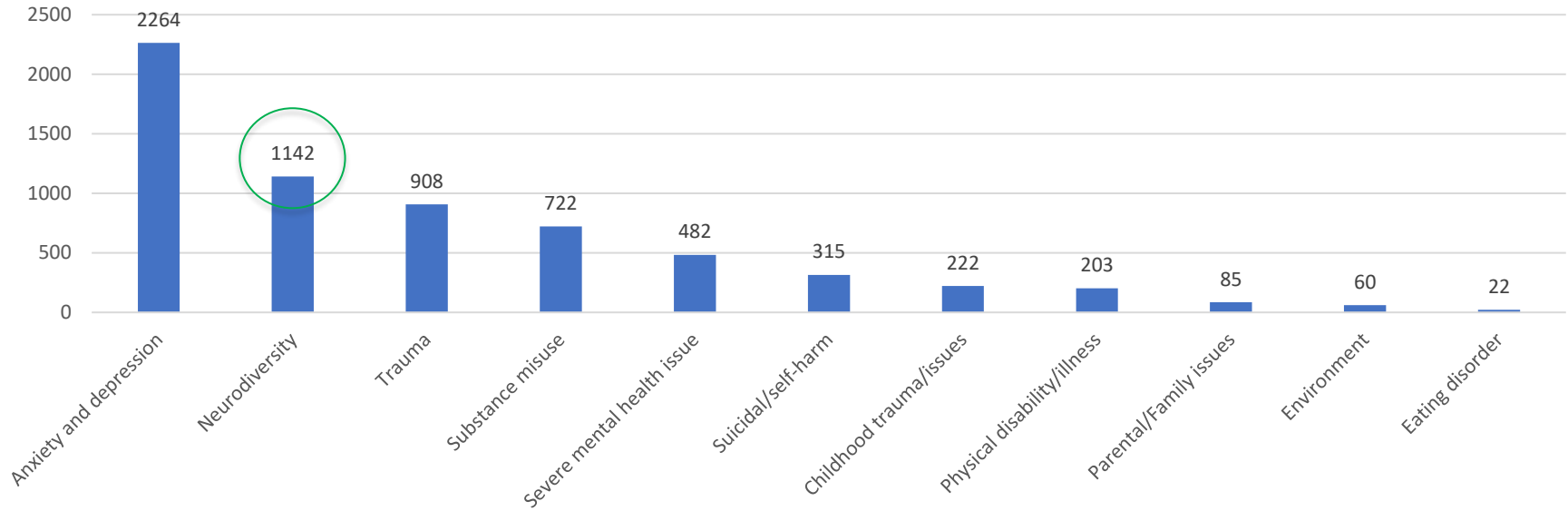


Assessments - Ethnicity, 6 monthly, 26 Sites

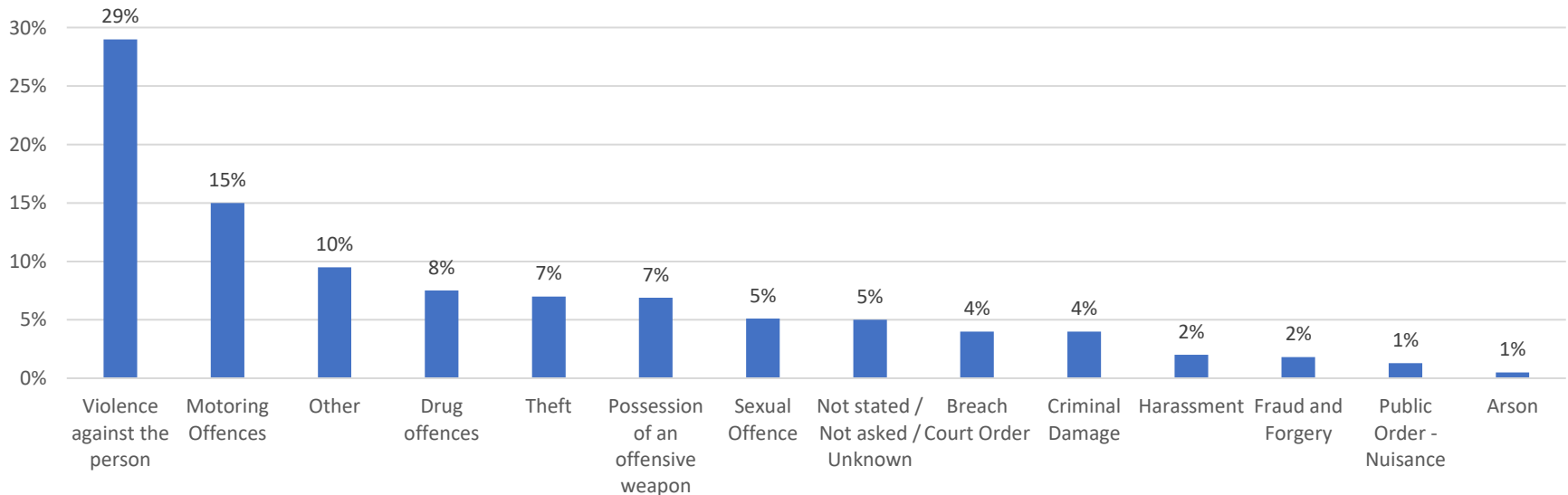


Assessment and Demographics

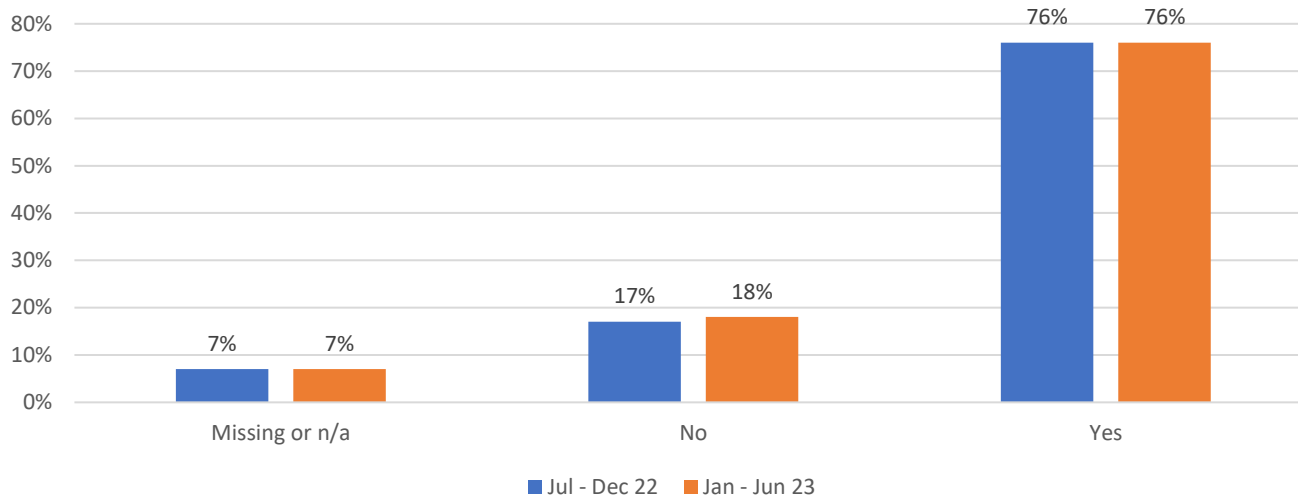
Assessment - Vulnerabilities, 26 Sites, Jun 20 - Jul 23



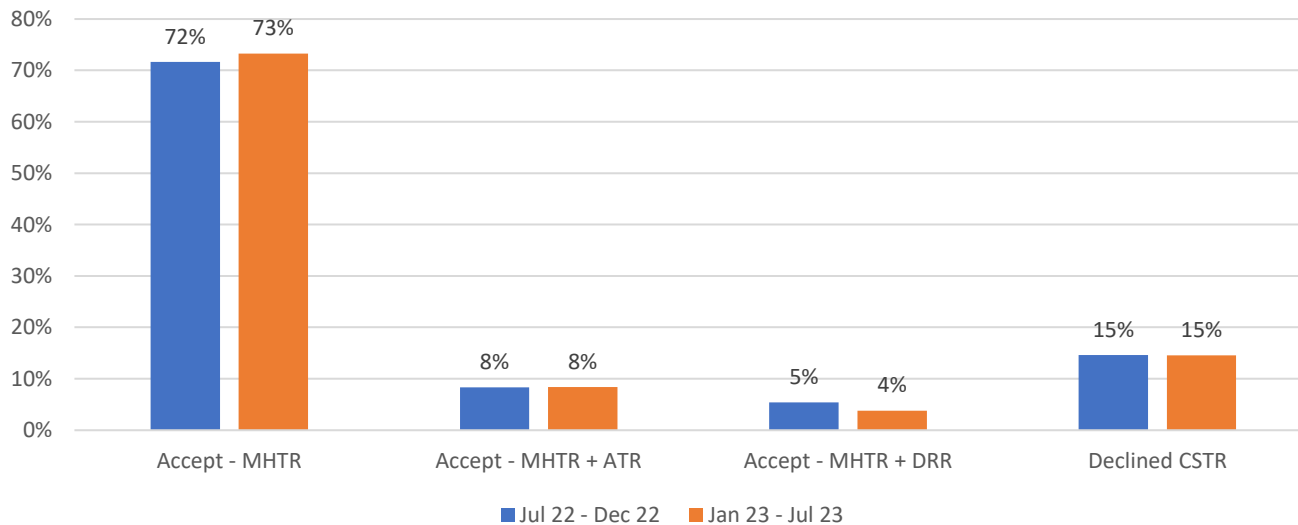
Assessments - Offence Types, Jun 20 - Jul 23, 26 Sites



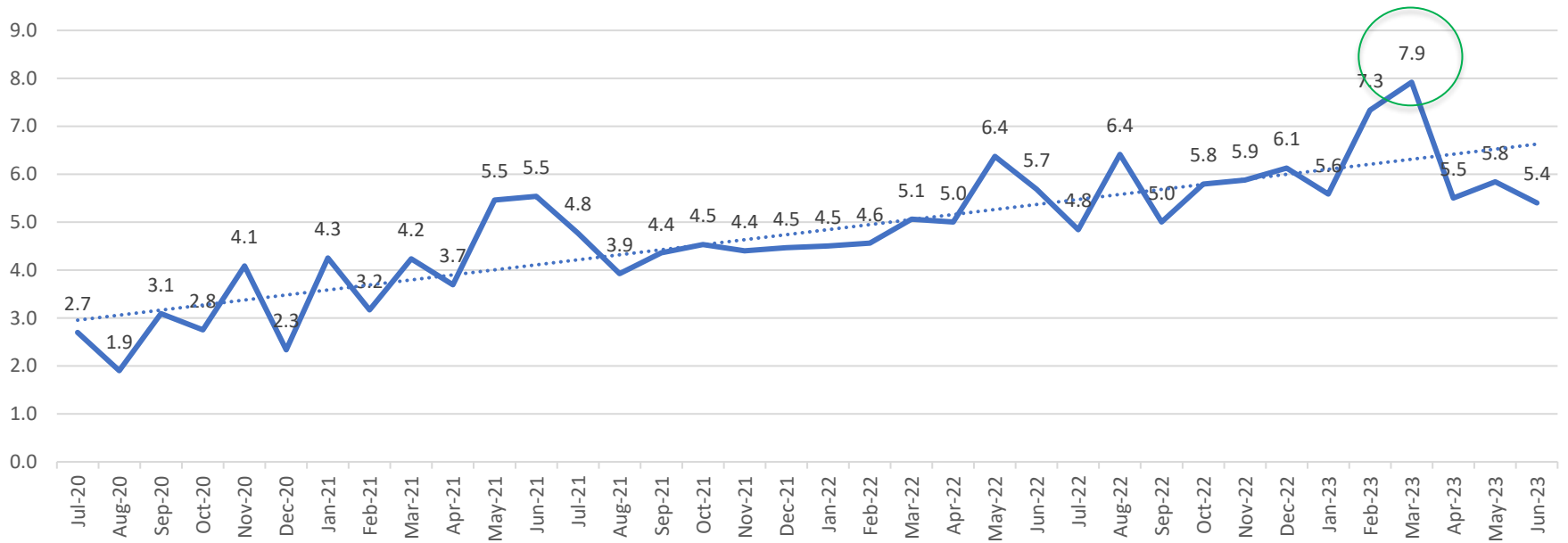
Assessment - Suitability, 20 Sites, Jul 22 - Jul 23



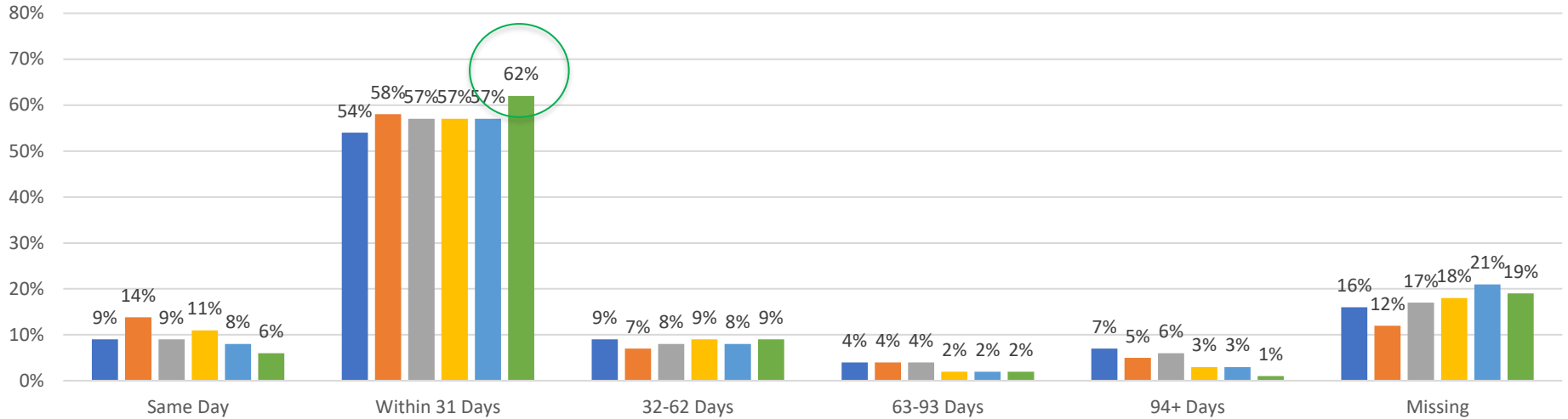
Sentence Outcome, 26 Sites, 6 Monthly



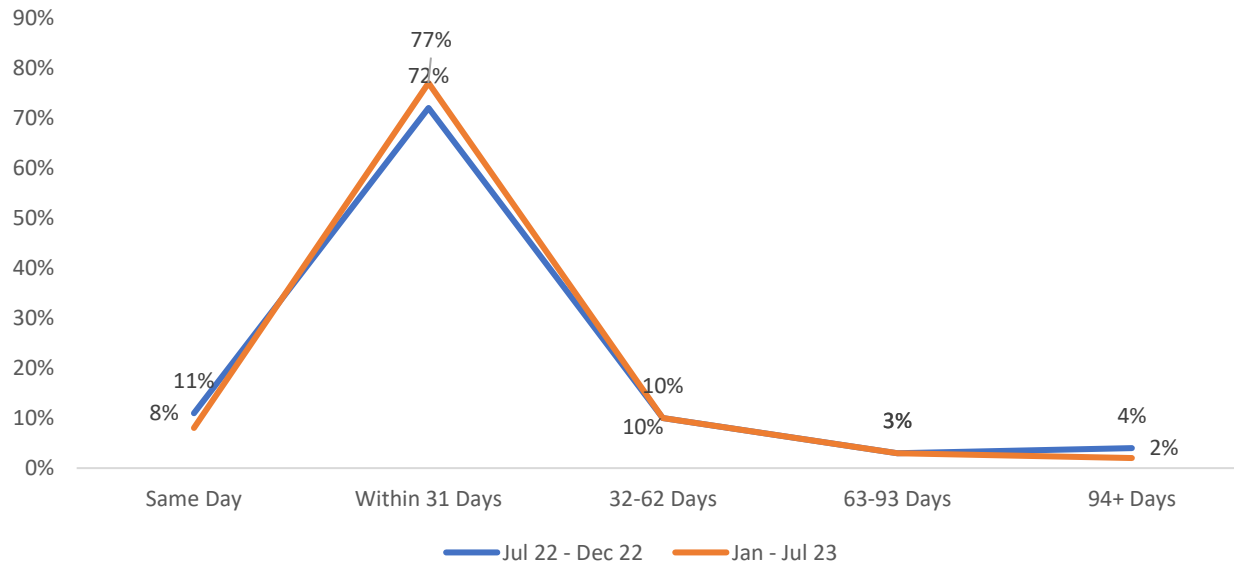
Sentence Date by Month for those sentenced to an MHTR or Dual Requirement, 20 Sites,
Jul 20 - Jun 23
(Divided by number of Sites)



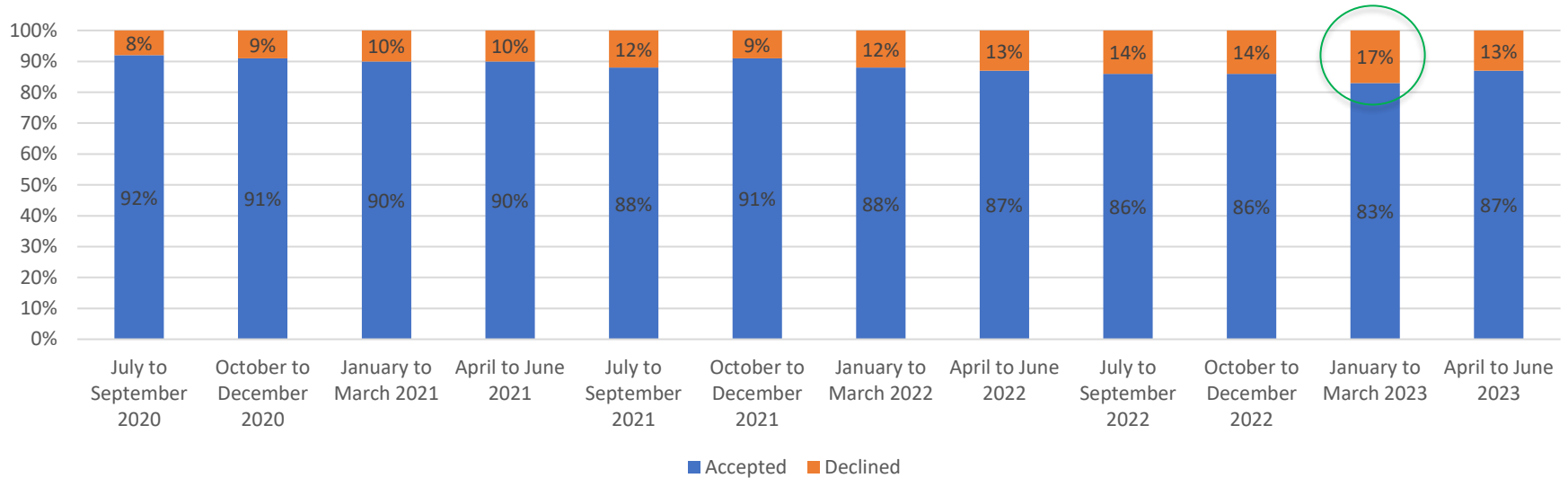
Assessment to Sentence Gap (Days) - 6-Monthly



Assessment to Sentence Gap (Days), 26 Sites, 6 monthly



Percentage of individuals Sentenced to MHTR or Dual Requirement of those found suitable, 3 monthly, 26 sites, Jul 20 - Jun 23



If CSTR declined, what was outcome? Six monthly

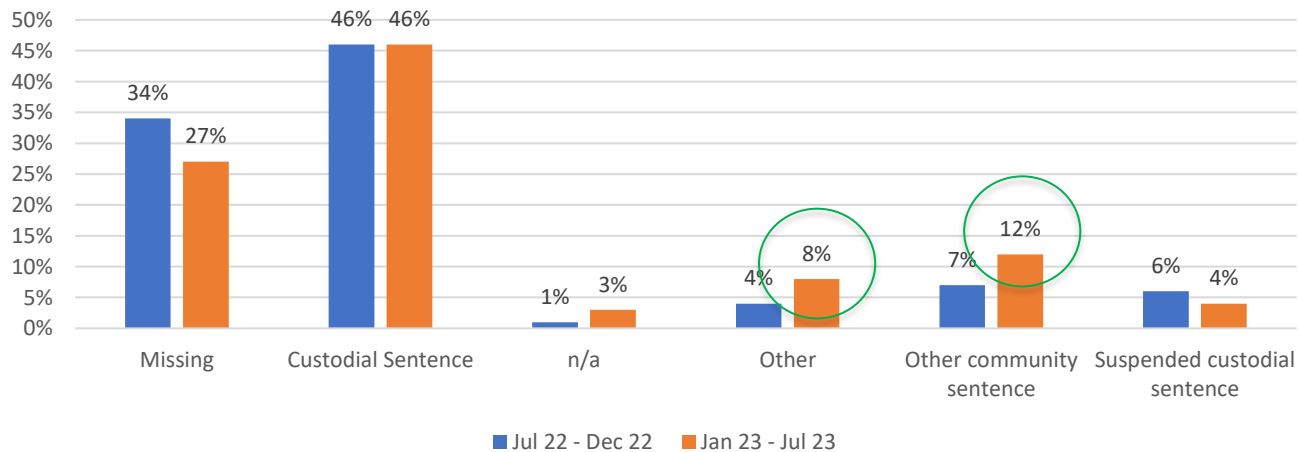
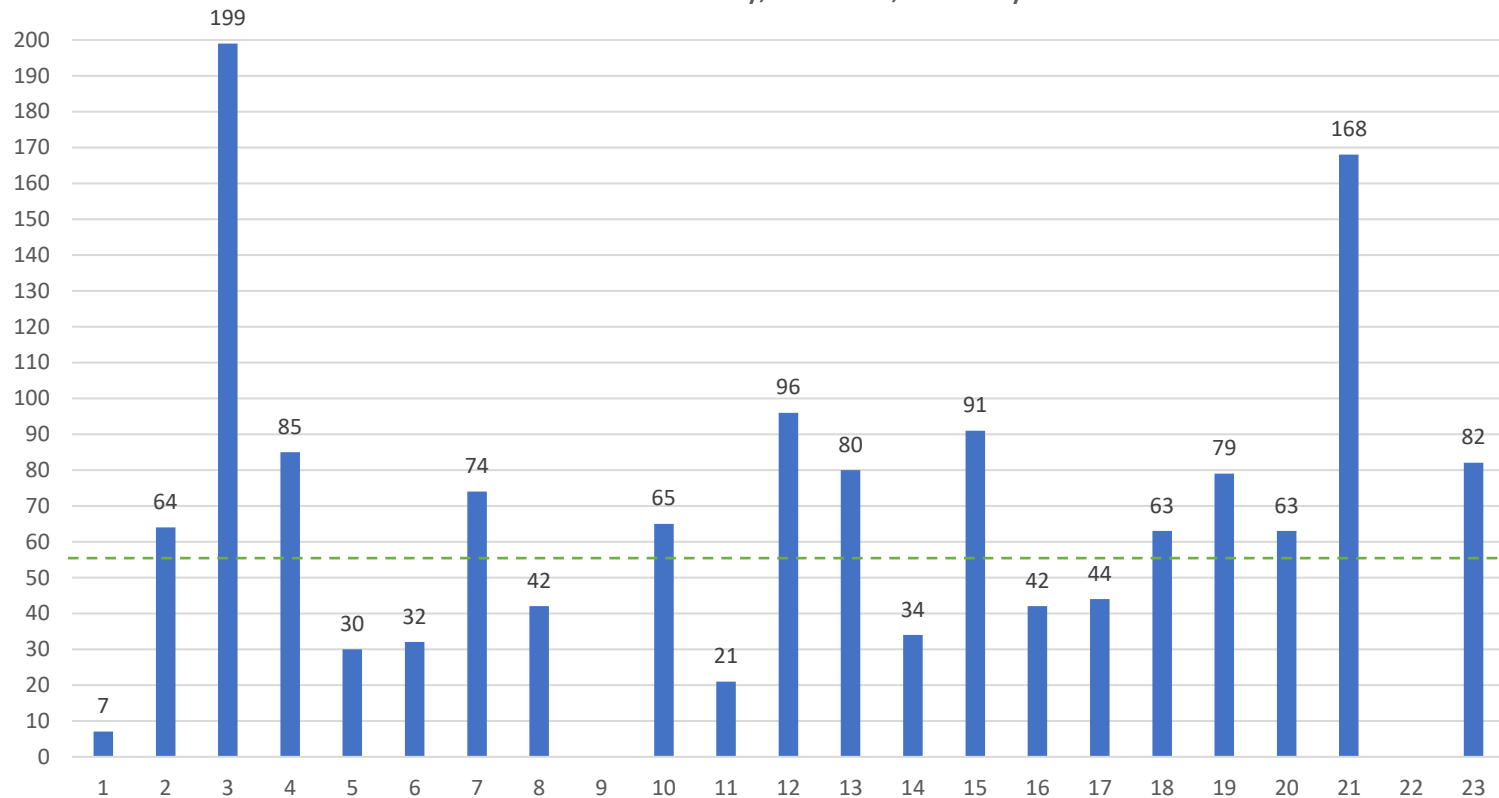


Fig 3.4a Mean number of days between sentence and start date for those sentenced to an MHTR only, 23 sites, January 23 - Jul 23

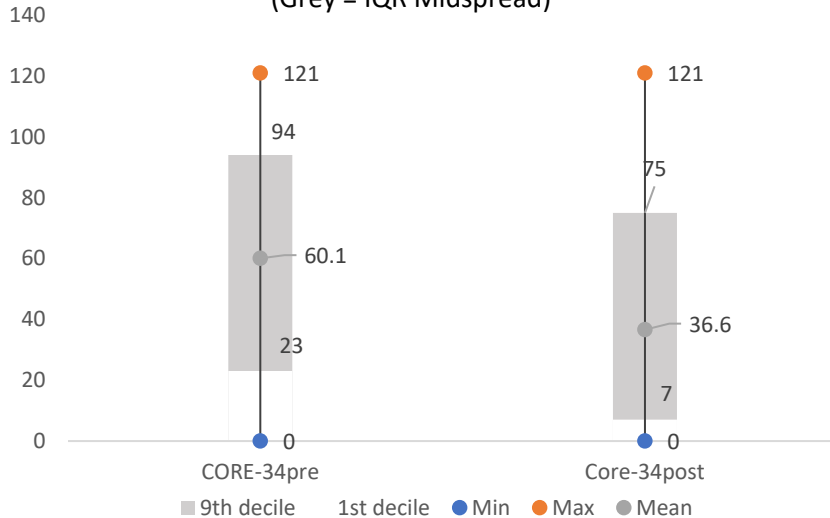


Average sentence to intervention gap (all sites): 69 days.

Average sentence to intervention gap (outliers removed): 58 days.

IPSCJ Policy Recommendation: 56 days.

CORE-34 Pre/Post Range and Mean, 26 Sites, Jul 20-Jul 23
(Grey = IQR Midsread)

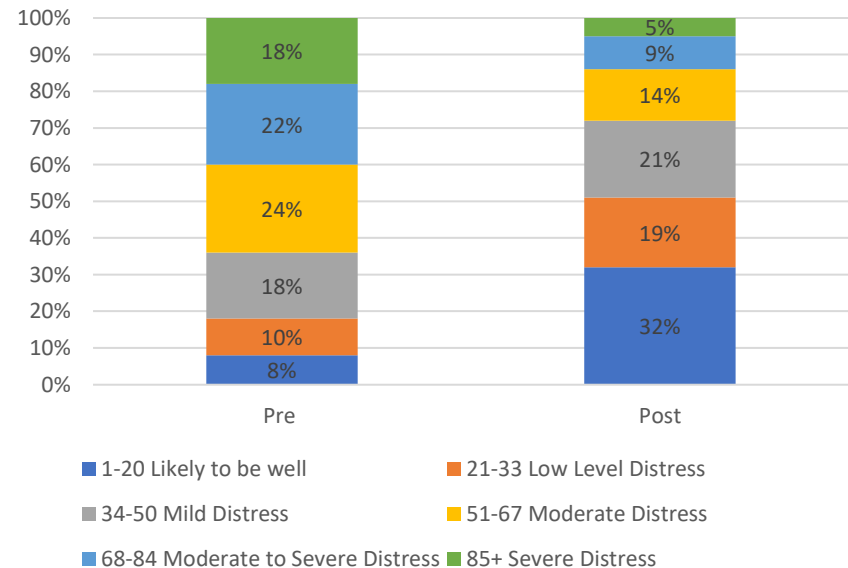


Scores 1-20 Healthy;
 Scores 21-33 Low level psychological distress;
 Scores 34-50 Mild psychological distress;
 Scores 51-67 Moderate psychological distress;
 Scores 68-84 Moderate-to-severe psychological distress;
 Score 85+ Severe psychological distress.

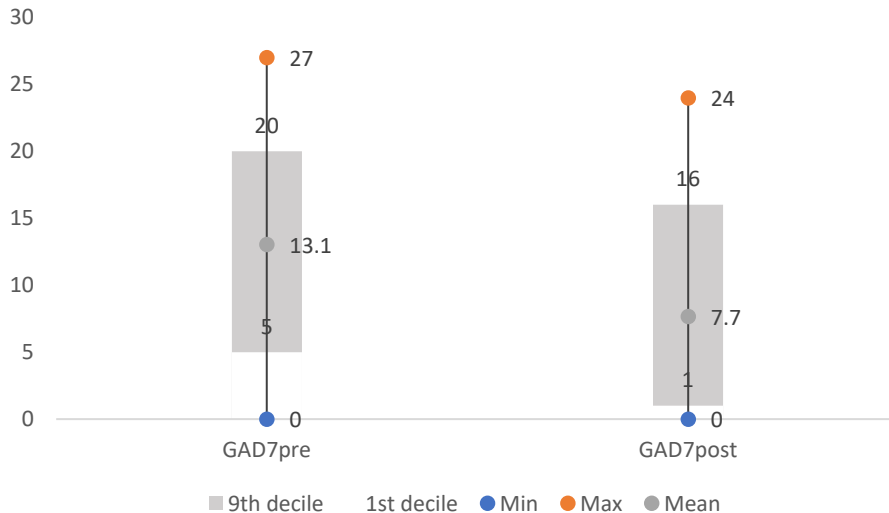
CORE-34 867 Individuals

Multisite: The average reduction was - 24 and this difference was statistically significant $t(866) = 26.860, p < 0.01$.

Percentage of different distress profiles before and after treatment, Jun 20 - Jul 23



GAD-7 Pre/Post Range and Mean, 26 Sites, Jun 20 - Jul 23
(Grey = 80% of cohort)

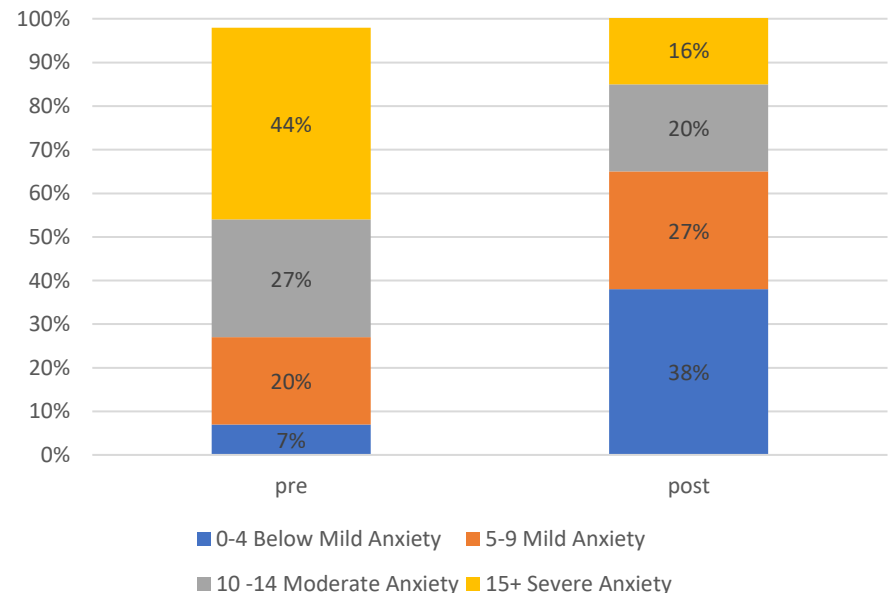


Scores 0-4 Below Mild Anxiety
 Scores 5-9 Mild Anxiety
 Scores 10-14 Moderate Anxiety
 Scores 15+ Severe Anxiety

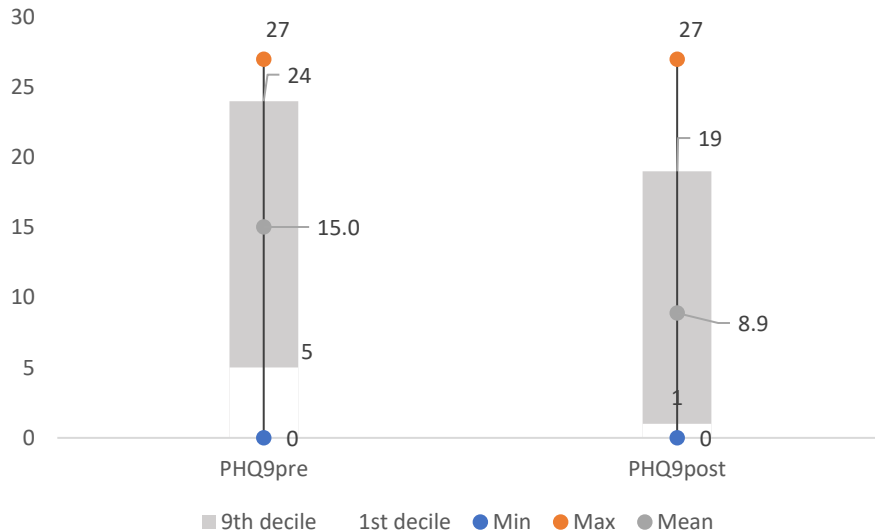
GAD-7 1,181 Individuals

Multisite: The average reduction was - 5.4 and this difference was statistically significant $t(1180) = 30.058, p < 0.01$.

Percentage of different anxiety profiled before and after treatment, Jun 20 - Jul 23



PHQ-9 Pre/Post Range and Mean, 26 Sites, Jun 20 - Jul 23
(Grey = 80% of cohort)

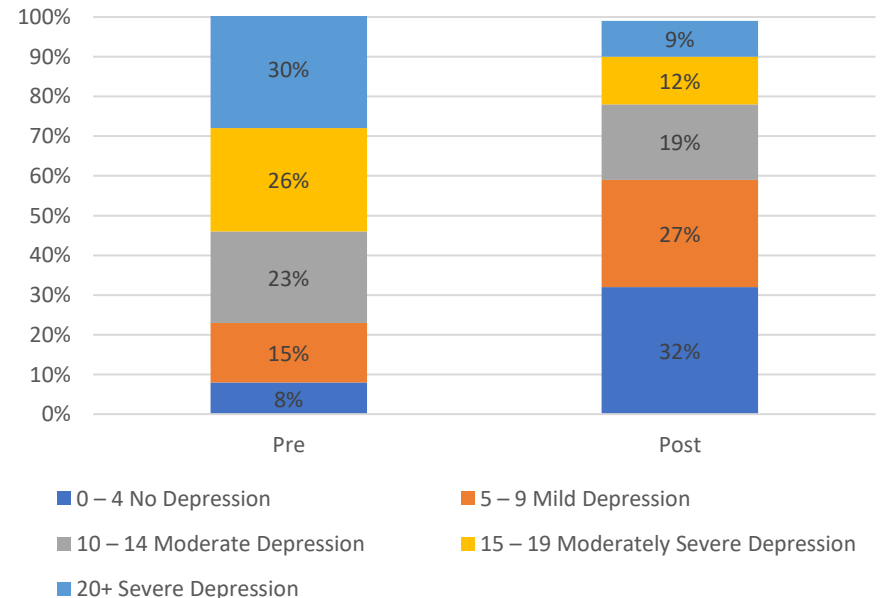


PHQ-9 1,181 Individuals

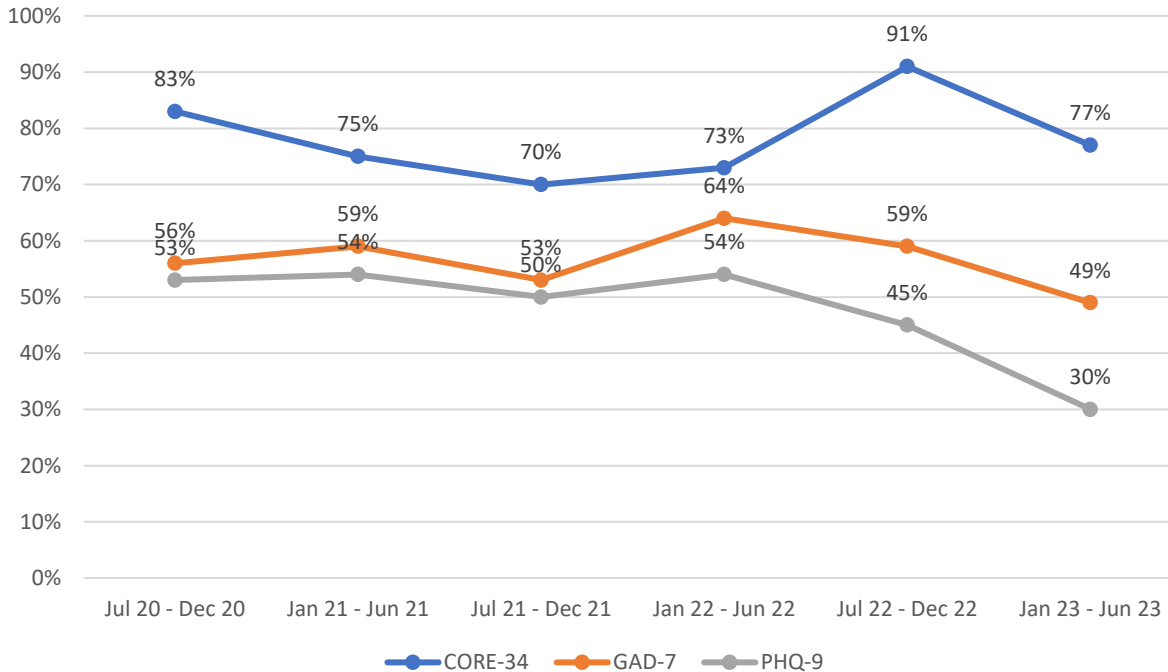
Multisite: The average reduction was - 6.10 and this difference was statistically significant $t(758) = 23.168, p < 0.01$.

Scores 0 – 4 No Depression
 Scores 5 – 9 Mild Depression
 Scores 10 – 14 Moderate Depression
 Scores 15 – 19 Moderately Severe Depression
 Scores 20+ Severe Depression

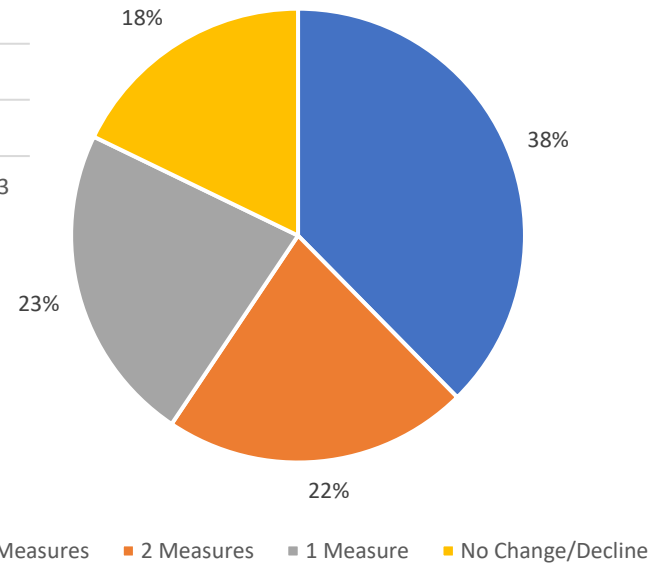
Percentage of different depression profiles before and after treatment, Jun 20 - Jul 23



Percentage of positive reliable change of all three psychometrics in 6-month intervals (July 2020 – June 2023)

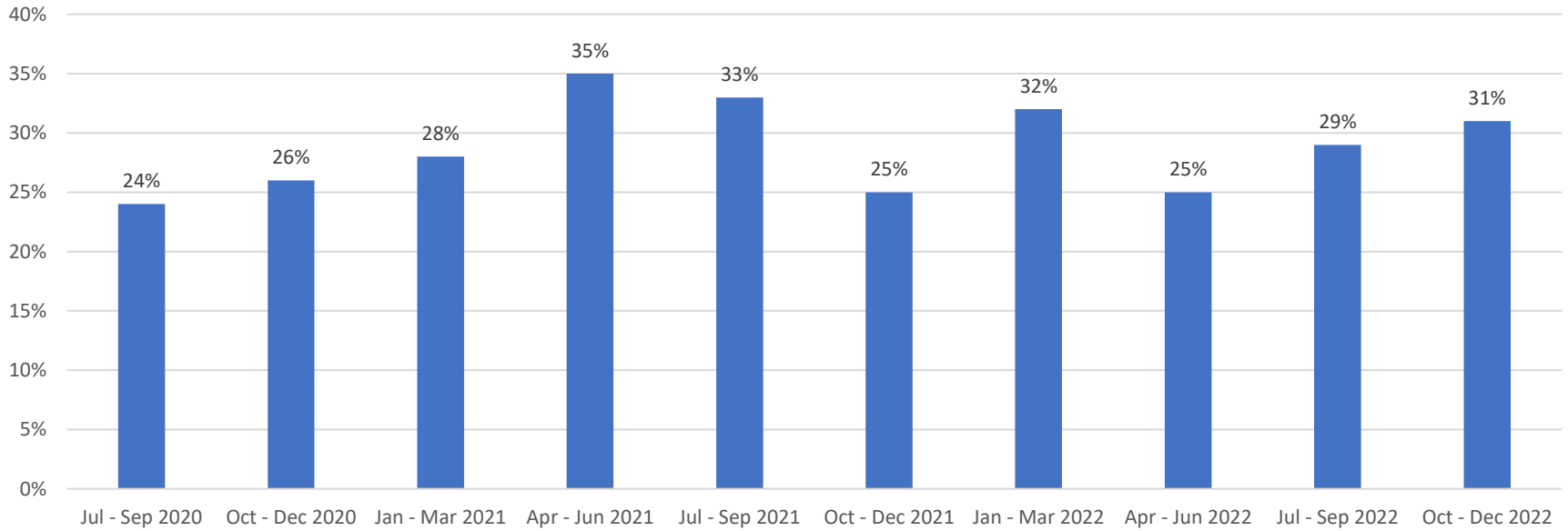


Positive Reliable Change

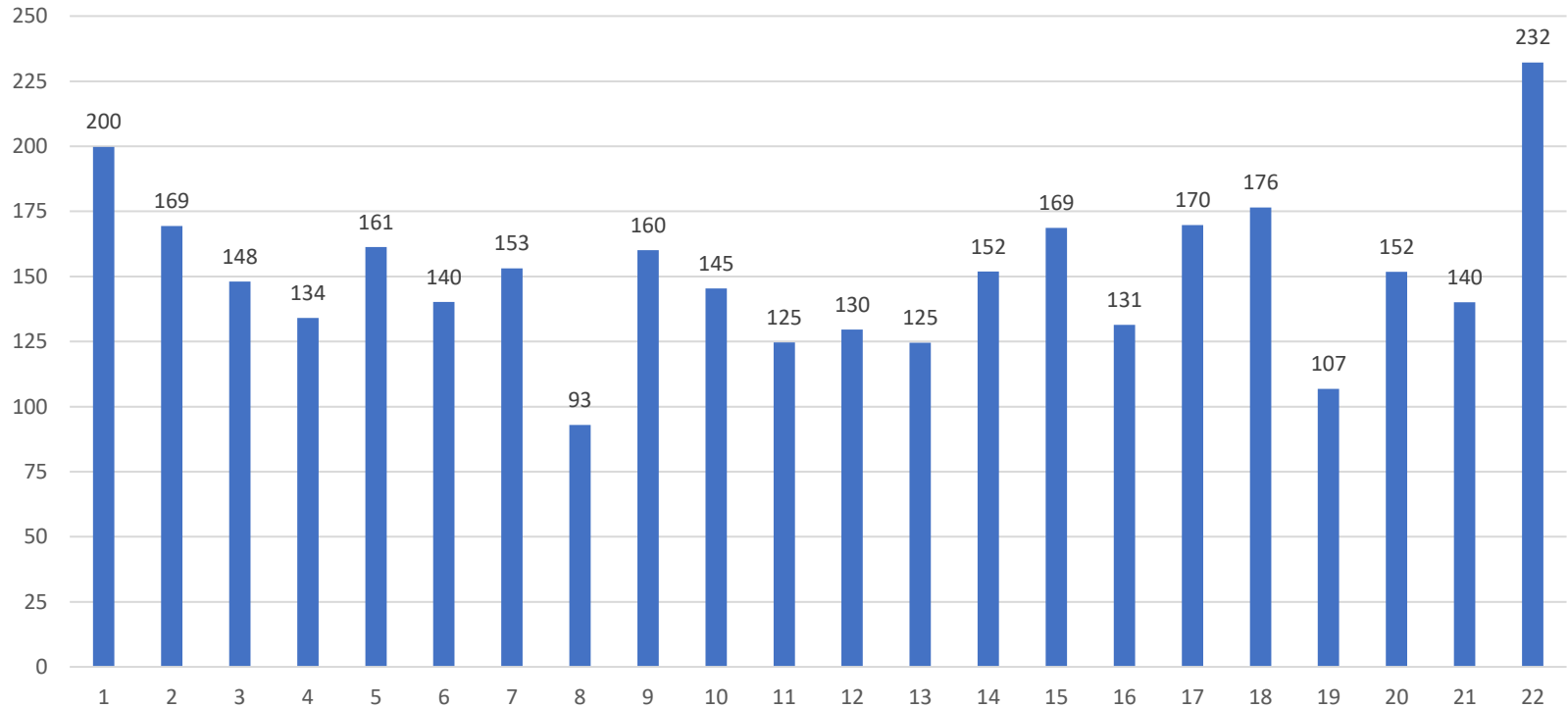


82% experienced a positive reliable change in at least one of the psychometrics measured.

Engagement - Percentage of non-completers 3 monthly, 26 Sites



Mean length of intervention for treatment completers only excluding Dual Requirements, 22 Sites, Jan - Jul 2023



Overall, the analysis and results presented in this report from 24 sites remains very positive. The analysis of 36 months data continues to demonstrate **how MHTR interventions are having a statistically significant benefit in terms of mental distress, anxiety and depression.** The analysis shows that:

- 76% experienced a positive reliable change in terms of global distress (CORE-34);
- 59% experienced positive reliable change in terms of anxiety (GAD-7); and
- 50% experienced a positive reliable change in terms of depression (PHQ-9).

82% experienced a positive reliable change in at least one of the psychometrics measured.

The analysis presents, however, significant variation between the sites which is investigated further and detailed in local reports.

- From January to March 2023 the proportion of individuals declined for MHTR by the courts increased to 17%.
- Alternative sentencing for those declined, notwithstanding the missing data, showed an increase in 'other community sentence' orders from 7% in July to December 2022 to 12% from January to July 2023.

R. Where this pattern is identified at a local level, it is recommended that the communication strategy is reviewed between the judiciary and practitioners to raise awareness of MHTRs. It is further recommended to review a selection of cases to establish what alternative disposals were included in sentences.

- Longstanding concern of the low proportion of individuals recorded as non-white ethnicity (8%). In the last 6-month period individuals of white ethnicity increased from 73% to 82%.

R. It is recommended that this trend within the data is monitored at a local and national level.

- Within January to June 2023, 445 individuals were identified with neurodiversity which represents 20% of 2,173 cases recorded. This significant increase in identified neurodiversity is likely attributable to the improved focus on neurodiversity and increased resources provided by the national and local teams.

Title: Mental Health Outcomes for those who have Offended and have been given a Mental Health Treatment Requirement as part of a Community Order in England and Wales

Manuscript published in *Criminal Behaviour and Mental Health Journal* following peer review.

Manuscript based on data presented in a previously disseminated policy brief.



CBMH CRIMINAL BEHAVIOUR AND MENTAL HEALTH

Conclusions: This paper provides the **first substantial evidence in support of the MHTR within a primary mental healthcare framework as an effective pathway to reduce mental health problems** among individuals under probation supervision as part of a sentence after conviction for a criminal offence. **This supports expansion of the provision across England and Wales.** Future research should take account of the non-completers and explore the relationship between the MHTR, mental health improvements and reoffending.

<https://onlinelibrary.wiley.com/doi/10.1002/cbm.2312>

Key Messages

- The preliminary evidence shows mental health benefits for individuals who completed the mental health intervention as part of a Mental Health Treatment Requirement (MHTR). Data were collected as part of a national multi-site evaluation being completed by the Institute for Public Safety, Crime and Justice, based at the University of Northampton.
- Assessment data were provided for 2,249 individuals, of whom 1,204 had started the intervention and 477 had completed the intervention. This policy paper focuses on health change for individuals who successfully complete the intervention, with breach rates and non-completion data not being presented.
- For cases where both pre-intervention and post-intervention data were provided, statistically significant positive change was identified for all measures, demonstrating efficacy and the importance of establishing MHTR pathways across England and Wales:
 - Global distress measured using CORE-34 on average was scored 57.7 at the start of intervention (moderate psychological distress) to 33.7 at the end of intervention (low psychological distress).
 - Anxiety measured using GAD-7 on average was scored 12.8 at the start of intervention (moderate anxiety) to 7.2 at the end of intervention (mild anxiety).
 - Depression measured using PHQ-9 on average was scored 14.8 at the start of intervention (moderate depression) to 8.1 at the end of intervention (mild depression).
- Overall, the preliminary evidence demonstrates how most individuals experience a significant positive change following intervention, suggesting that MHTR programmes are very promising. As the evaluation progresses, links between such health gains and reoffending will be explored. However, the policy paper provides some evidence to support and consider further expansion of CSTR programmes nationally.

What is the problem?

The proportion of Community Sentences Treatment Requirements (CSTRs), especially Mental Health Treatment Requirements (MHTRs), as part of Community Orders has been very low. This coupled with significant mental health needs of offenders alongside rising concerns about the effectiveness of short-term sentences establishes the importance of offering a positive alternative to address underlying needs. There is limited evidence that demonstrates the effectiveness of MHTRs at improving health outcomes to reduce likelihood of reoffending.

Introduction

This Policy Brief explores health outcomes for individuals who complete a mental health intervention as part of a MHTR. It summarises health outcomes and measured change using a range of psychometric measures. Data were provided from a national multi-site evaluation being completed by the Institute for Public Safety, Crime and Justice, based at the University of Northampton, and were from the following sites: Bedfordshire, Black Country, Birmingham, Cambridgeshire, Cornwall, Essex, Gloucestershire, Hertfordshire, Northamptonshire, Plymouth, Staffordshire, Swansea and Wiltshire.

What are Mental Health Treatment Requirements?

MHTRs sit alongside Drug Rehabilitation Requirement (DRR) and Alcohol Treatment Requirement (ATR) under the umbrella of 'Community Sentence Treatment Requirements' (CSTR). They were introduced in their current form in 2003 in England and Wales to enable Judges and Magistrates to tailor sentences according to the nature of the offence and the offender. MHTRs have been used in very few cases, despite evidence of high proportions of convicted offenders presenting with mental health conditions, and drug and alcohol misuse. MHTRs may be used in relation to any mental health issue, including personality disorders and neurodevelopmental disorders. MHTRs can be provided by a broad range of Clinicians as long as the supervision is clinically supervised by or under the supervision of a suitably specialist registered medical practitioner or registered psychologist (CJA, 2003).

What does the mental health intervention involve?

The MHTR intervention involves 10-12, 50-minute sessions across the Community Order as specified by the Court, where the individual meets with the Primary Care MHTR Practitioner under supervision of the Clinical Lead. The interventions will be individually tailored to the needs of each client and therefore will vary within and between sites. Critically, the content of

[Callender et al 2022 Mental Health Treatment Requirement MHTR Evaluation Health Outcomes.pdf \(northampton.ac.uk\)](https://onlinelibrary.wiley.com/doi/10.1002/cbm.2312)

Thank you

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